

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** MONTELLO CARE CENTER CBRF (0009324)

**Address:** 251 FOREST LANE, MONTELLO, WI 53949

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/01/2002

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0094173      **End Date:** 02/09/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007116    Served 03/02/2005

Deficiencies Cited  
83.33(3)(e)4

Subject Area  
UNIT DOSE OR UNIT TIME PACKETS

Compliance  
Verified

Corrected

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